

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1074157

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5192		API No. 15 - 15-115-01603-00-01
Name: Shawmar Oil & Gas Co., Inc.		Spot Description:
Address 1: 1116 E MAIN		NW_SW_SESec32Twp18S. R4
Address 2: PO BOX 9		990 Feet from North / ✓ South Line of Section
City: MARION State: KS Zip:	66861 + 1230	Feet from
Contact Person: Beau Cloutier		Footages Calculated from Nearest Outside Section Corner:
Phone: ( )		□NE □NW ☑SE □SW
CONTRACTOR: License # 5192		County: Marion
Name: Shawmar Oil & Gas Co., Inc.		Lease Name: Well #:
Wellsite Geologist: N/A		Field Name:
Purchaser:		Producing Formation: Mississippi
Designate Type of Completion:		Elevation: Ground: 1418 Kelly Bushing: 1422
New Well   ✓ Re-Entry	Workover	Total Depth: 2445 Plug Back Total Depth:
✓ Oil	siow	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR	☐ sigw	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No
	Temp. Abd.	If yes, show depth set:Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:		leet deput to 3x one
Operator: Roland Jones		
Well Name: Spachek #4		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: 01/01/1960 Original Tota	I Depth: 2445	
	NHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to G	_	Dewatering method used:
Plug Back: Plug I	Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:		Operator Name:
Dual Completion Permit #:		Lease Name: License #:
SWD Permit #:		
		QuarterSecTwpS. R East West
GSW Permit #:		County: Permit #:
10/10/2011	12/21/2011	
	Completion Date or	

## AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

**Submitted Electronically** 

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
☐ Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I MI Approved by: Deanna Gerrison Date: 102/15/2012

Side Two



Operator Name: Shav	<u>vmar Oil &amp; Gas</u>	Co., Inc.	Lease N	√lame: _	Britain		Well #:4		
Sec. 32 Twp. 18	s. R. <u>4</u>	✓ East	County:	Mario	on				
	ed, flowing and shu if gas to surface te	t-in pressures, whether st, along with final chart	shut-in press	ure read	ched static level,	hydrostatic pre	essures, bottom h	ole tempera	ture, fluid
Drill Stem Tests Taken (Attach Additional Sh	neets)	☐ Yes 📝 No				n (Top), Depth	and Datum	☐ San	•
Samples Sent to Geolo	gical Survey	☐ Yes 🗸 No		Nam Missis	-		Top 2381	Date -963	ım
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	Electronically	Yes No Yes No		Wilder	о.				
List All E. Logs Run:									
		CASING	3 RECORD	│ N∈	w Used				
		Report all strings set	-conductor, su	rface, inte	ermediate, product	ion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and Addit	
Surface	9.75	8.625	23		180		0		
Production	7.875	5.5	17		2385		35		
Production	7.875	5.5	17		2130	Class A	125		
	<del></del>	ADDITIONA	L CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:  —— Perforate	Depth Top Bottom	Type of Cement	# Sacks	Used		Type ar	35		
Protect Casing Plug Back TD Plug Off Zone	-						***	, 	
,	]-			+				<del></del>	
Shots Per Foot		ON RECORD - Bridge Plu Footage of Each Interval Pe				cture, Shot, Cerr mount and Kind of	ent Squeeze Record Material Used)	3	Depth
		·····				•	181 1 - V		
									<u></u>
TUBING RECORD:	Size:	Set At:	Packer Af	t:	Liner Run:	Yes ✓	No	I	
Date of First, Resumed F	Production, SWD or EN	NHR. Producing Me	ethod:	g 🗌	Gas Lift	Other (Explain)			,
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Wat	er E	Bbls.	Gas-Oil Ratio		Gravity
DISPOSITIO	N OF GAS:		METHOD OF	COMPL	ETION:		PRODUCTION	ON INTERVAL	
Vented Sold	Used on Lease	✓ Open Hole	Perf.		y Comp. Co	mmingled omit ACO-4)	2385		
(If vented, Subr	nit ACO-18.)	Other (Specify)	,,,,	{Submit		mm A00-4)	2445		





TICKET NUMBER 34116

LOCATION # 180 F. 100 cdu

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

CASING DEPTH 3		Space	NAME & NUMI		32	18	4 E	marion
MAILING ADDRESS P.O. BY  CITY  MG CION  HOB TYPE Sq Cui  CASING DEPTH 3				C CH	WALL TO SHARE	TO THE SHAPE	THE REST OF STREET	
PO BYPESALLI								
PO BYPESALLI		· <u>·</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
Marion OB TYPE Square ASING DEPTH 3	9			Mering	£511	Janob		
Marion OB TYPE Square ASING DEPTH 3				J.d.	290	Jand		
Marion OB TYPE Square CASING DEPTH 3	15	STATE	ZIP CODE	70.0	442	mark		
OB TYPE Square		KS	(186)					<u> </u>
ASING DEPTH_3	crz B	HOLE SIZE 7	10	_ _ HOLE DEPTI	2440	CASING SIZE & V	VEIGHT_5/2	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	184	DRILL PIPE		TUBING 23	//8		OTHER	
LURRY WEIGHT	1514	SLURRY VOL		WATER gal/s	ik	CEMENT LEFT In		<del></del>
NODLACEMENT AL	=1/2	DISPLACEMENT	PSI 300	MIX PSI 60	20	RATE 31pm		
REMARKS: Sc	to mea	La Dia	Oc. ck	er to	3240 d	word JOOG	165 20/4	o Savd
vaited lbc	taged	// ·						~ + * * * * * * * * * * * * * * * * * *
1 1 0 -	1 4.	IMAA ILS	معاليهم	d tools	: Lind a	snto 5/2	to cc	ment
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Rubber f	144 70	2080 ft	Sheet	L in at	150 es		•	
Vanage 4	<del>'D'</del>							
,,								
								<del>,</del>
ACCOUNT CODE	QUANTY	or UNITS	D	ESCRIPTION o	I SERVICES or P	RODUCT	UNIT PRICE	TOTAL
5401	J		PUMP CHAR	GE			975.00	975.00
5406	53		MILEAGE				4.00	212.00
5407 A	53		X 5.88	ton 1	nileage X		1.26	392.66
					<u> </u>			
11045	125		Class	A			14.25	1781.25
1118 B	250		901				0.20	50,00
1102	200		calch	um ch	oside.		0.70	140,00
2101 A		b5		Sund	_		0.26	455,00
4406	1		5%	Ruhhor	Oluz		70,00	70,00
			51/2 2	Rubber 2A pa			1000.00	1000,00
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	·	<u> </u>				,		
							Subtotal	5075.9
					016.20	٨٨	SALES TAX	83126
			1		055 055	14	ESTIMATED TOTAL	5313.12
Part 9737	Λ							

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



SALES TAX

ESTIMATED TOTAL

	On Mail Sources FFC	· · · · · · · · · · · · · · · · · · ·	MINTE	ļ	ICKEI NU		<u>34159</u>
PO Pay soa		•		<b>\</b>	LOCATION	180	4
620-431-9210	Chanute, KS 66720 or 800-467-8676	FIELD TICKET	& TREA	MENT DES	FOREMAN	ARRYO	form
DATE	CHOTOLIC			T AM	ORI		
10 11 11		VELL NAME & NUMBE	R	SECTION	TOWNSHIP	5.016	12-111-11
CUSTAMER	11605 Beg	ARN #4			TOWNSHIP	RANGE	COUN
Jha	MAR DARG			- કેર્જ	185	NE	
MAILING ADDR	LESS -	40	ŕ	TRUCK#	<b>对是是2021年前第</b>	56 (de 198	MUS
P.O.32	ev, 9	7	Ţ	LLHI2	DRIVER	TRUCK	DRIVE
CITY			ŀ	elelin	Sun L		
MARS	DW STATE)	ZIP CODE	<b> </b>	330	MARK		
JOB TYPE	77	6686/	ŀ	067	LARRY		
CASING DEPTH	HOLE SIZE	H(	LOLE DEPTH_			<u> </u>	
CHOING DEPTH		TI	JBING_		Casing Size &	WEIGHT	77
SLURRY WEIGH	- ULUKAT VI		ATER gal/sk_			OTHER	i i
DISPLACEMENT	DISPLACEMI	ENT PSI MI	X PS[		CEMENT LEFT I	CASING	
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ACCOUNT						· · · · · · · · · · · · · · · · · · ·	
CODE	QUANITY or UNITS	DESCRI	PTION of SE	RVICES or PROD	UCT		T
5401		PUMP CHARGE		The state of the s	001	UNIT PRICE	TOTAL
3406	410	MILEAGE				1830.00	1030.00
	74	MILEAGE				4.00	184.00
11045	114						707.00
1105	11 1	EKS A				14.95	1749,15
11/83	<u> </u>	Ibs CACK	2			.74	125 00
11120	A50	lbs BD				A IT	185.00
						.21	<i>22.30</i>
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**AUTHORIZTION** DATE I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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